•	A SCHOOL STATE OF THE STATE OF
ARIZONA STATE	BOARD OF HEALTH $/ g' b$
·	VITAL STATISTICS State File No.
	TIFICATE OF BIRTH Registered No.
County Kila	$\mathcal{Q}_{\alpha}$
	**************************************
	or Village
City Warm No	
(If birth occurred in	a hospital or institution, give its NAME instead of street and number)
2. Full name of child than Velasy	If child is not
. Sex of Child To be answered ONLY ) 4. Twin, triplet or ot	supplemental report, as directed.
male births.	wirth the of birth ling 39 19
8. FATHER	ll
C 1	14. MOTHER
Full name Cleus Vellasquez.	Full maiden name Ampara Saria
9. Residence (Usual place of abode) Mirann, angon	15. Residence (Usual place of ahode)
If non-resident, give place and state.	If non-resident, give place and state,
10. Color or race	A non-resident, give place and state.
. 77	16. Color or race
Mexican 11. Age at last birthday J. Wears)	Mexica 30
	Mexican 17. Age at last birthday 2 9 (Years)
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country) Mexico	11
	(State or country) May. Co
13. Occupation Une (Cripple)	19. Occupation
Nature of Industry	Nature of Industry / Voucempe
20. Number of children of this mother (a) Born aliv	ve and now living. 21. Were precautions taken against oph-
(Taken as of time of birth of child herein (b) Born aliv	ve but now dead. O thalmia neonatorum?
	O Yes
I hereby certify that I attended the birth of this child, who was	NG PHYSICIAN OR MIDWIFE: 40 A
	(Born alive or stillborn)
"When there was no attending physician or midwife, then the father, householder, Signature	7
etc., should make this return A ctillhorn	o commeller
child is one that neither breathes nor shows other evidence of life after birth.	ms
iven name added from	(Physician of mildwife.)
a supplementi report	, vann jugarone
$\mathcal{A}$	(A) (A) (A) (A)
Registrar.	Registrar.
( C - C P ) \C	Jamy [
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